

**Transcript Release Form**

**Blue Springs High School**

**2000 NW Ashton Drive**

**Blue Springs, MO 64015**

**816-229-3459 phone 816-220-2887 fax**

**If this is your 4<sup>th</sup> request (current students only) for a transcript it will cost \$4. – cash or check.**

**Upon graduation all transcripts will have a fee of \$4.**

**Make checks payable to BSHS**

I, the undersigned, give permission for the officials of the Blue Springs R-IV School District to release all information relative to my child named below. I understand a copy of this information is available to me upon request.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Year of Graduation  
(or class year you could have graduated)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Maiden Name or Name You  
Attended School

**TYPE OF RECORD REQUEST (circle one)**

**OFFICIAL**

**UNOFFICIAL**

(preferred for colleges/scholarships)

<b>Please send records to:</b>	
_____	
Name of College or Agency	
_____	
Address of College or Agency	
_____	
City & State	Zip Code

**If you would like to pick up your record please put date: \_\_\_\_\_**

\_\_\_\_\_  
Signature of Student – If Age 18

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature of Parent/Guardian required if Student is under 18

Office use only
_____ \$4. Fee paid
_____ Date Mailed or taken